2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P03000155853

MITCHELL MECHANICAL SERVICES, INC.



FILED Jan 27, 2006 08:00 AN **Secretary of State**

Principal Place of Business.

Mailing Address

13780 HOWARD BLVD KATHLEEN, FL 33849

13780 HOWARD BLVD KATHLEEN, FL 33849 US



01252006 DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0662432

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JOHN R 13780 HOWARD BOULEVARD KATHLEEN, FL 33849

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	surpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_						
	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	cling 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	P MITCHELL, JOHN R 13780 HOWARD BOULEVARD KATHLEEN, FL 33849 VP MITCHELL, JOHN R 13780 HOWARD BOULEVARD KATHLEEN, FL 33849 TRES MITCHELL, JOHN R 13780 HOWARD BOULEVARD KATHLEEN, FL 33849 KATHLEEN, FL 33849				U00000402852 02/03/06-80024-019 150.00 O NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SEC MITCHELL, VICKI 13780 HOWARD BOULEVARD KATHLEEN, FL 33849			IN THIS SPACE		
NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-06

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Date